

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard J. Schneider, et al. : Art Unit: 3714  
Serial No.: 10/731,159 : Examiner: Leiva, Frank M.  
Filed: December 8, 2003 :  
For: SYSTEM FOR JOIN-UP :  
INCENTIVE MESSAGING AND :  
BONUSING

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:
  1. Amendment Transmittal (3 pages)
  2. Amendment (9 pages)

**STATUS**

2. Applicant  claims small entity status.  
 is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
(complete (a) or (b), as applicable)

(a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 460.00	\$ 230.00
third month	\$ 1,050.00	\$ 525.00
fourth month	\$ 1,640.00	\$ 820.00

fifth month	\$ 2,230.00	\$1,115.00
	Fee:	\$

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMDT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY
				ADDITIONAL RATE FEE	OR	
TOTAL INDEP.	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
				+ \$180.00 = \$		+ \$360.00 = \$
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a)  No additional fee for Claims is required

OR

(b)  Total additional fee for claims required \$\_\_\_\_\_

**FEE PAYMENT**

5. Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.  
A duplicate of this transmittal is attached.

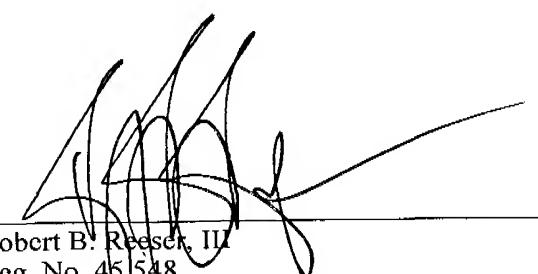
**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:



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